South Carolina Department of Disabilities and Special Needs
Pervasive Developmental Disorder Information and Referral
Notice of Denial of Service

888-576-4658

DATE

NAME
ADDRESS

On , you contacted Pervasive Developmental Disorder (PDD) Intake and Referral to apply for services through the Pervasive Developmental Disorder Waiver.

Based upon the information provided, referring you for formal PDD Waiver eligibility determination is not appropriate at this time for the following reason(s):

- ☐ There is insufficient information to indicate a Pervasive Developmental Disorder.
- ☐ The condition identified was diagnosed following the applicant's 8th birthday.
- ☐ The applicant identified has exceeded the age range of services mandated by legislation.
- ☐ There is no indication of deficits in the area of cognitive development, social relatedness, perceptual processing and language skills.
- ☐ Identified service needs are not consistent with intensive behavioral programming.
- ☐ No specific service needs were identified during the screening.
- ☐ Other Specify:

A copy of the eligibility criteria for services through the Pervasive Developmental Disorder Waiver is attached.

If you disagree with our decision not to refer you for PDD Waiver eligibility determination at this time and can provide additional information to assist us in reconsideration, you are welcome to contact us again at 1-888-576-4658. You may also contact us in the future if your circumstances change.

SCDDSN RECONSIDERATION PROCESS AND SCDHHS MEDICAID APPEALS PROCESS

The SC Department of Disabilities and Special Needs (SCDDSN) is responsible for the day-to-day operations of the Mental Retardation/Related Disabilities (MR/RD) Waiver, the Head and Spinal Cord Injury (HASCI) Waiver, and the Pervasive Developmental Disorder (PDD) Waiver. A request for reconsideration of an adverse decision **must be** sent in writing to the State Director at SCDDSN, P. O. Box 4706, Columbia, SC 29240. The SCDDSN reconsideration process **must be** completed in its entirety before seeking an appeal from the South Carolina Department of Health and Human Services (SCDHHS).

A formal request for reconsideration must be made in writing within thirty (30) calendar days of receipt of written notification of the adverse decision. The request must state the basis of the complaint, previous efforts to resolve the complaint and the relief sought. The reconsideration request must be dated and signed by the consumer, representative, or person assisting the consumer in filing the request. If necessary, staff will assist the consumer in filing a written reconsideration.

Note: In order for waiver benefits/services to continue during the reconsideration/appeal process, the consumer/representative's request for reconsideration must be submitted within ten (10) calendar days of the written notification of the adverse decision. If the adverse action is upheld, the consumer/representative may be required to repay waiver benefits received during the reconsideration/appeal process.

The State Director or his designee shall issue a written decision within ten (10) working days of receipt of the written reconsideration request and shall communicate this decision to the consumer/representative. If the State Director upholds the original adverse action/decision, the reason(s) shall be specifically identified in the written decision.

If the consumer/representative fully completes the above reconsideration process and is dissatisfied with the results, the consumer/representative has the right to request an appeal with the SCDHHS. The purpose of an administrative appeal is to prove error in fact or law. The consumer/representative must submit a written request to the following address no later than thirty (30) calendar days from the receipt of the SCDDSN written reconsideration decision.

Division of Appeals and Hearings
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The consumer/representative must attach copy of the written reconsideration notifications received from the SCDDSN regarding the specific matter on appeal. In the appeal request the consumer/representative must clearly state with specificity, which issue(s) the consumer/representative wishes to appeal.

Unless the request is made to the above address within thirty (30) calendar days of the receipt of the SCDDSN written reconsideration decision, the SCDDSN decision will be final and binding. An appeal request is considered filed at the above address if postmarked by the thirtieth (30^{th}) calendar day following receipt of the SCDDSN written reconsideration decision. The consumer/representative shall be advised by the SCDHHS Division of Appeals and Hearings as to the status of the appeal request.